

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 455

63-041122
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Bonne Terre

Length of stay in 1b
10 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Bonne Terre Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington

c. CITY
OR
TOWN Potosi

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rt. 1

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Freeman Pratt Ramsey

4. DATE OF DEATH
Month Day Year
Nov. 3 1963

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-30-1896

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
laborer

10b. KIND OF BUSINESS OR INDUSTRY
timber

11. BIRTHPLACE (City and state or country)
St. Genevieve Co., Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Aught Ramsey

13b. MOTHER'S MAIDEN NAME

Gora Belle Harris

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Virginia Link Rt. 1 Mineral Pt., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe dehydration and electrolyte
embalance

INTERVAL BETWEEN
ONSET AND DEATH

10 days

3 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Gastroenteritis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Generalized arteriosclerosis.

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 24, 1963, Nov. 3, 1963 and last saw her alive on Nov. 3, 1963
Death occurred at 11:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Bonne Terre, Missouri

22c. DATE SIGNED

11/5/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11-6-1963

23c. NAME OF CEMETERY OR CREMATORY

Adams

23d. LOCATION (City, town, or county)

Frankclay

(State)

Missouri

24. FUNERAL DIRECTOR

Sparks

ADDRESS

Potosi, Missouri

25. DATE RECD. BY LOCAL REG.

Nov. 5, 1963

26. REGISTRAR'S SIGNATURE

Ether Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0941

2 1100

3

4 0

5 2

6

7 0

8 2

9 571.1

10

11

12 1-0

13 1-0

NOV 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Donald Sparks*

Licensed Embalmer No. 4819

P. O. Address Kotosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.